

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 113

Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County Maricopa State \_\_\_\_\_

Township \_\_\_\_\_ or Village \_\_\_\_\_

City Phoenix No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Brian (If child is not yet named, make supplemental report, as directed)3. Sex Male 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Dec 20, 1932 (Month, day, year)8. Full name of FATHER Frank Brian 9. Full maiden name of MOTHER Victoria Valdez10. Residence (usual place of abode) Phoenix 11. Residence (usual place of abode) Phoenix (If non-resident, give place and state)12. Color Mex 13. Age at last birthday 2 (Years) 14. Color Mex 15. Age at last birthday 29 (Years)16. Birthplace (city or place) San Antonio, Tex 17. Birthplace (city or place) San Antonio, Tex (State or country)18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labrer 19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper smelter 21. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

22. Date (month and year) last engaged in this work \_\_\_\_\_ 23. Date (month and year) last engaged in this work \_\_\_\_\_ 24. Total time (years) spent in this work \_\_\_\_\_

25. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

26. If stillborn, period of gestation \_\_\_\_\_ months or weeks 27. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 3:40 m. on the date above stated

(When there was no attending physician, midwife, then the father, householder, etc., should make this return.)

(Signed) Charles H. Heston, M.D.

or \_\_\_\_\_, Midwife

Address HaydenFiled Jan 4, 1933Registrar. P. H. HestonGiven named added from a supplemental report (Date of) 128-1280-559 Registrar.